



Navy and Marine Corps Medical News



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November 2012

MEDNEWS Items of Interest

November marks Military Medical Technology month. During this month, Navy Medicine highlights its accomplishments in military medical technology and how medical technology helps Navy Medicine to meet its goals of readiness, value and jointness.

The new **Navy Medicine's conference policy** can be found at: <http://www.med.navy.mil/Pages/ConferenceInformation.aspx>.

Open Season for health insurance ends Dec. 7.

Dec. 1 marks **World AIDS Day**. For more information visit: <http://www.worldaidscampaign.org/>.

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Did You Know?

The Modular Prosthetic Limb (MPL) is a brain-controlled prosthetic, which has nearly as much dexterity as a natural limb, 22 degrees of motion, and independent movement of fingers.

USO breaks ground for world-class facility in Bethesda, Md.

By Joe Macri, Naval Support Activity Bethesda Public Affairs

BETHESDA, Md. - The United Services Organization (USO) broke ground Nov. 7 on a brand new facility at Naval Support Bethesda dedicated to supporting wounded troops and their families throughout the rehabilitation process.

The new facility once complete will be the largest USO facility in the world and in addition to such as computers, TVs and place to relax contained in most USO facilities, this center will also have several components dedicated specifically to Warrior care.

"This is going to be a place of healing and fellowship where families can come to nurture both their bodies and their

souls," said Capt. Fritz Kass, NSAB Commanding Officer.

The facility will consist of three zones. The first, will focus on "recreation and normalcy," and provide many of the features military members have come to expect from a USO such as a gaming area, food and a sports lounge.

The second zone, call "respite," will provide a more quiet area for people wanting a more serene environment.

Finally, the last area will be focused on education and work. This area is dedicated to providing service members and their families with the support they need to transition back into the civilian workforce and assist them in their educational

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Photo by Joe Macri

(Left to Right) Maj. Gen. Michael S. Linnington, commanding general Military District Washington, Rep. Chris Van Hollen, Juan M. Garcia, III Assistant Secretary of the Navy (Manpower & Reserve Affairs), Sloan Gibson, USO President, Edward T. Reilly, Co-Chair, Operation Enduring Care, Capt. Fritz Kass, NSAB commanding officer, Vice Adm. Matthew Nathan, Navy Surgeon General, Major Gen. Angela Salinas, USMC director, Manpower Management Division, Elaine Rogers, USO President, Metropolitan Washington and Gen. (ret) Richard B. Myers, USO Board of Directors, prepare to break ground on a new USO Warrior and Family Center at Naval Support Activity Bethesda, Md.

Navy Medicine highlights military medical technology

After a decade of war, we have seen military medical technology advance by leaps and bounds. I am always impressed with the progress we have made in the realms of clinical informatics, prosthetics, and modeling and simulation. It is truly remarkable how far we have come. We are performing at a level that is unprecedented.

This month we celebrate the innovative advancements in military medical technology. As our beneficiaries and populations we serve continue to grow, so does our drive to be on the forefront of innovation and make sure we are setting the bar for patient and family centered care.

We are affected by technology every single day. From satellite communications to apps on our mobile devices, it is clear that we are living in the age of technology. Nowhere have more advancements for us been made in patient and family-centered care than in our medical treatment facilities.

As we move forward to meet our goals of readiness, value and jointness, we will optimize the use of clinical informatics, technology and telemedicine. Clinical Informatics is the provider-driven integration of information technology and clinical expertise in pursuit of more

efficient and enhanced patient care.

Working side by side, our clinicians and information technology professionals are creating the common language that is essential for successfully exchanging health information. Increasing use of health information technology and the need for Navy Medicine to adopt an integrated health record is a key priority. As of 2011, the Department of Defense's inpatient clinical online documentation system, also known as the Essentris® EMRT inpatient electronic medical record, has now been deployed in all 59 MTFs (19 Navy) across the military health system and continues to grow.

As part of this mission, Navy Medicine is dedicating crucial assets and helping to plot the future course for the DoD and VA's inter-agency interoperable electronic health record (EHR) effort. Navy clinical informatics is aligned with our sister Services in its vision and mission to deliver the promise of cost-effective, efficient, and reliable health care through collaborative efforts across the military enterprise.

In the future, we will be looking at supporting the Interagency Program Office with Navy Medicine's integrated electronic health record (iEHR) requirements through early and continual clinical user involvement. We will be using the iEHR across the enterprise through continuous development, testing, and certification processes. We will also be looking at transforming the DoD's AHLTA electronic medical record (EMR) to a nation-wide Health Information Network to improve interoperability in federal, state, VA, and DoD EMRs. As we continue to focus on our three goals, the EMR will be a crucial piece in how we track patient data and increase value in the care we provide.

The advancements we have seen in prosthetic development are astonishing. Once something imagined in science fiction, these advanced prosthetics now aid our wounded warriors in their everyday lives. Specifically, the Modular Prosthetic Limb (MPL) is a brain-controlled prosthetic, which has nearly as much dexterity as a natural limb, 22 degrees of motion, and independent movement of fingers.



Vice Adm. Matthew L. Nathan
U.S. Navy Surgeon General

The MPL was developed as part of a four-year program by the Johns Hopkins University Applied Physics Laboratory, along with Walter Reed National Military Medical Center and the Uniformed Services University of the Health Sciences. As we move forward, we will see more collaboration like this with our sister Services and civilian counterparts to create innovative techniques and technologies that are joint in nature.

We have also seen much improvement in modeling and simulation over the past ten years. In particular, for TBI care, we are using the virtual environment to challenge the brain through specialized video games and other computer-based programs that provide visual, spatial, language and coordination tasks. Another cutting edge technology that has come to fruition includes advancements in hand, extremity, and even face transplantation for which simulation plays a key role. In education and training, we now have high technology and hyper-realistic training tools that can help Navy medical personnel, from corpsmen to surgeons, in improving their cognitive, psychomotor, and affective capabilities to deliver world-class care to our war fighters and Navy and Marine Corps family.

As we turn the corner on over a decade of war, innovative technology will be a pillar on our way forward. We have come light years since the early days of military medicine, but we will need new innovations and joint solutions to take us to where we need to be. I look to you to be the future of Navy Medicine and am proud to be your surgeon general.



**Navy and Marine Corps
Medical News**



U.S. Navy Bureau of Medicine and Surgery

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Bremerton goes the extra mile for Great American Smoke Out

By Douglas H Stutz, Naval Hospital
Bremerton Public Affairs

BREMERTON, Wash. - The Great American Smoke Out 'Mileage to Freedom Challenge' highlighted Naval Hospital Bremerton's commitment to tobacco cessation for staff and beneficiaries on Nov. 15.

"The purpose and intent of holding this event is to have those who use tobacco to at least consider quitting for the day," said Pat Graves, NHB Tobacco Cessation Facilitator. From just one day can come the empowerment to hopefully quit for a lifetime. Quitting is a process that is not always easy. It requires time, patience and a desire to change. We have the tools and experience to help you succeed."

The 'Mileage to Freedom Challenge' was a concentrated team effort made up of NHB co-workers who convinced and nominated a tobacco user to quit for 24-hours. Teams, with five maximum members, then gathered on NHB's Quarterdeck to have each member compete on a stationary bike, elliptical machine or treadmill for an overall total of 10 minutes.

Team No Chew, from NHB's Second Class Petty Officer Association took first place with 4.21 miles in the 10-minute time frame. Placing second was Team No Butts from NHB Pharmacy with a 3.24 miles and taking third place was No In Halers from NHB Health Promotion with 2.17 miles.

Why the ten minutes? According to Graves, just 10 minutes of moderate intensity exercise can reduce the desire to smoke or dip.

"It's about moving more and smoking less!" said Graves. Exercise can diminish nicotine withdrawal symptoms and help avoid relapse. Exercise can also reduce



Photo by Douglas H Stutz

Hospital Corpsman 1st class Lisa Hagman of Naval Hospital Bremerton Pharmacy 'Team No Butts' actively takes part in The Great American Smoke Out 'Mileage to Freedom Challenge' on Nov. 15 to highlight the notion that physical inactivity kills just as much as smoking can unless a tobacco user does something about it. Hagman is a former smoker and along with other pharmacy staff, signed up for the 'Mileage to Freedom Challenge' to compete against NHB co-worker teams on a stationary bike, elliptical machine or treadmill for an overall total of 10 minutes.

the intensity of withdrawal symptoms."

"This was a lot of fun and a great idea," said Master-at-Arms 2nd Class Marci Pollard, of the winning Team No Chew team. "We focused on the fitness aspect and having a healthy lifestyle, which helps with not smoking."

For Graves, the Great American Smoke Out provides an annual strong reminder that anyone who uses any tobacco product can quit with a little help from Graves and other resources at NHB like Health Promotion department.

"We want users to make a plan and commit to seeing it through. They can set themselves up to succeed with professional support and support from family and friends. They need to remember why they wanted to quit in the first place and

why quitting is important. They can write down the reason or reasons why they want to quit and then visually remind themselves why they are stopping the nicotine habit."

Graves notes that tobacco usage can also compromise the mission of any service member. Quitting improves a person's night vision, mental activity; decreases the need for water; increases lung capacity; decreases injuries and accidents; increases stamina; improves fine motor coordination and increases the ability to manage stress.

NHB Tobacco Cessation has the resources to help anyone to quit and stay quit. For an appointment with Tobacco Cessation please call: 360- 475-4818.

USO

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efforts.

"This will be a place where futures are planned and launched," said Sloan Gibson, the President of the USO.

Gibson said the facility would be designed to "the audible gasp standard," and noted that there was and would continue to be input from Wounded Warriors and their families throughout the design and construction process.

Also speaking at the ceremony was Vice Admiral Mathew Nathan, the navy Surgeon General, who mentioned the historic roots of the USO and the location of the new center and how they connect to the present.

"This is making good on a commitment in the 1940's by FDR who was out here visiting and said 'the second World War is

coming to a close and thousands of veterans who will be healing and convalescing. I want them to heal and convalesce in an area where they can feel they've been reintegrated and part of the community again.' And here we are making good on that promise, creating an environment where our Wounded Warriors and their families can find some normalcy again."

In addition to the three zones, the 16,000 square foot facility, which will be open to all service members and their families, will have a welcome area staffed full time by volunteers who can assist visitors with activities and provide information on activities going on both in the USO center and around the installation.

The facility is scheduled to be complete in the spring of 2014. A similar sister facility will be opening soon at Ft. Belvoir.

Navy's top doc visits Naval Hospital Camp Pendleton

By Naval Hospital Camp Pendleton
Public Affairs

MARINE CORPS BASE CAMP PENDLETON, Calif. – Vice Adm. Matthew Nathan, U.S. Navy Surgeon General and chief, U.S. Navy Bureau of Medicine and Surgery, toured Naval Hospital Camp Pendleton last month while visiting various commands on the west coast.

While visiting, Nathan met with sailors and staff members and toured the hospital's Physical Therapy and Family Medicine Departments. He also conducted two Admiral's Calls.

During the Admiral's Calls, Nathan addressed his vision for Navy Medicine to include medical readiness, the value of U.S. Navy health care, and joint service opportunities. He discussed current military and Navy Medicine issues concerning staff members.

"Never under estimate the capability you bring," said Nathan. "You are changing people's lives."

Nathan told the audience he was very proud of his Navy Medicine team.

"When I go to these places, I talk to the Commandant of the Marine Corps and the Chief of Naval Operations and ask them if there is anything they want me to say to the troops," said Nathan. "Yes. Let them know how proud we are. Let them know how grateful we are. Let them know that the reason we keep coming to work every day is because we've got



Photo by Mass Communication Specialist 1st Class Michael R. McCormick

Vice Adm. Matthew Nathan, U.S. Navy surgeon general and chief, Bureau of Medicine and Surgery, greets Ship's Serviceman 2nd Class Michael Childers upon arrival at Naval Hospital Camp Pendleton Oct. 18. Nathan toured the hospital while visiting various commands on the west coast.

folks like you, who are doing the heavy lifting and doing the hard charging and living your lives by great example. I bring that from our military's leadership."

The Surgeon General also had lunch with the civilians and Sailors of the year and quarter as well as their supervisors.

"It seems like he really appreciates our

work," said Hospital Corpsman 1st Class Angelo Catindig, the hospital's Senior Sailor of the Quarter assigned to the 21 Area Branch Health Clinic. "He seems very engaged and concerned with everything that happens in our hospital. It was good to see him recognize us for all of our hard work."

President proclaims November as Military Family Month

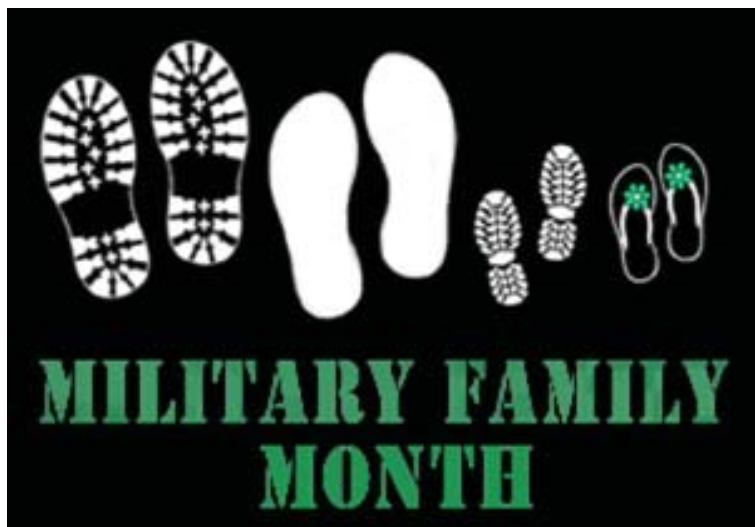
From American Forces Press Service

WASHINGTON - "In our military families, we see the best our country has to offer. They demonstrate the virtues that have made America great for more than two centuries and the values that will preserve our greatness for centuries to come," President Barack Obama said in his proclamation issued today declaring the month of November as Military Family Month.

The proclamation reads:

"Since our Nation's earliest days, courageous men and women of all backgrounds and beliefs have banded together to fight for the freedoms we cherish. Behind each of them stands a parent, a sibling, a child, a spouse -- proud family members who share the weight of deployment and make profound sacrifices on behalf of our country. During Military Family Month, we honor our military families and recommit to showing them the fullest care and respect of a grateful Nation.

"In our military families, we see the best our country has to offer. They demonstrate the virtues that have made America great for more than two centuries and the values that will preserve our greatness for centuries to come. With loved ones



serving far from home, military spouses take on the work of two. Their children show courage and resilience as they move from base to base, school to school, home to home. And even through the strain of deployment, military families strengthen

Asian-American Admiral honored for contributions to medicine

By Joshua Wick, U.S. Navy Bureau of Medicine and Surgery Public Affairs

SAN FRANCISCO - The Director of the U.S. Navy's Medical Corps received the Chinese Hospital Medical Staff 39th Annual Award during a ceremony in San Francisco, Oct. 26.

The award recognizes achievements in medicine at a level of national or international significance, and either contributions to the health of, or inspiration to, the Asian American community.

Rear Adm. Colin G. Chinn, director, Medical Resources Plans and Policy division, Office of the Chief of Naval Operations, and the 10th chief of the Navy's Medical Corps, was selected for the honor by Chinese Hospital Medical staff for his body of work in Navy Medicine.

"Rear Adm. Chinn was selected because his achievements reflect a long dedication to service and his work has influence on an international scale," said Dr. Mai-Sie Chan, chair of the Continuing Medical Education Committee, Chinese Hospital.

Chinn is a native of San Francisco, a fourth generation Chinese-American, and one of the highest ranking Asian-Americans in the U.S. Navy.

"This is a tremendous and unexpected honor to be selected for this award," said Chinn. "If you look back at their previous recipients there are Nobel laureate, leaders in medical academia, world renowned researchers and me, a naval officer and physician."

Chinn's interest and passion for medicine developed early on after seeing an open heart surgery during a sixth-grade



Courtesy photo

Rear Adm. Colin G. Chinn, director, U.S. Navy Medical Corps, was presented with the Chinese Hospital Medical Staff 39th Annual Award during a ceremony in San Francisco, Oct. 26.

field trip to the University of California, San Francisco Medical Center.

With an interest in helping and care for people, and coming from a family with a history of naval service, made selecting the Navy's Health Professions Scholarship Program (HPSP) an easy decision for the admiral.

"Through our proactive and reactive support and response during humanitarian assistance or natural disaster relief missions, Navy Medicine is America's and the world's 9-1-1 force," said Chinn.

Chinn participated in the Navy's

Global Health engagement efforts in his roles supporting Marine Forces Pacific and with Operation Tomodachi, the joint U.S.-Japan military relief effort following the earthquake in Japan.

"The Chinese hospital helps to foster recognition and awareness towards solving unique medical problems faced by the underserved population of San Francisco," said Chinn. "This very similar to what our Global Health engagement programs do around the world."

Chinn will have the opportunity to discuss and showcase Navy Medicine's worldwide efforts and role in the Maritime strategy, the capabilities in expeditionary care, research and development, humanitarian assistance/disaster response missions and why the U.S. Navy is a global force for good.

Chinn has served in various assignments throughout the Navy including positions at Naval Hospital Oakland; Naval Medical Center San Diego; Naval Hospital Corpus Christi, Texas; Naval Hospital Lemoore, Calif.; and, as the commanding officer of Naval Hospital, Oak Harbor, Wash. He also served with the U.S. Marine Corps in the 3rd Marine Division, III Marine Expeditionary Force, U.S. Marine Corps Forces Pacific and as the Navy surgeon general specialty leader for Fleet Marine Forces.

Chinn received his commission as an ensign in the Medical Service Corps in 1981. He attended the Medical College of Virginia through the Armed Forces Health Professions Scholarship Program and earned a Doctor of Medicine degree in 1985.

PRESIDENT

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the fabric of each community they touch and enrich our national life as shining examples of patriotism.

"We each have a solemn duty to serve our Armed Forces and their families as well as they serve us. Through First Lady Michelle Obama's and Dr. Jill Biden's Joining Forces initiative, we have worked to fulfill this obligation by mobilizing all Americans to give service members and their families the opportunities and support they have earned. Last year, we challenged American businesses to hire or train 100,000 veterans and military spouses by the end of 2013. To date, they have already exceeded that challenge, hiring over 125,000 veterans and military spouses. From helping military children succeed in the classroom to increasing support for those who care for our wounded warriors, Joining Forces will keep fighting to ensure the well-being of our troops and their families.

"When a young woman signs up to defend our Nation, her

parents are enlisted as well. When a father deploys to a combat zone, his children are called to serve on the home front. And when the men and women of our military serve far from home, their families feel the strain of their absence. In that absence, let us stand together as one American family. Let us honor the brave patriots who keep our country safe, and let us forever hold close the memories of those who have perished in the line of duty. This month, we reaffirm that we will always lift up our military families -- not just when their loved ones are away, but also long after the welcome home ceremonies are over.

"NOW, THEREFORE, I, BARACK OBAMA, President of the United States of America, by virtue of the authority vested in me by the Constitution and the laws of the United States, do hereby proclaim November 2012 as Military Family Month. I call on all Americans to honor military families through private actions and public service for the tremendous contributions they make in support of our service members and our Nation."

Navy Medicine meets with top leaders during Houston Navy Week

By Valerie A. Kremer, U.S. Navy
Bureau of Medicine and Surgery
Public Affairs

HOUSTON - Navy Medicine leadership met with academic, scientific, civic, sports, and corporate leaders to discuss shared initiatives in patient care models, traumatic brain injury treatment, and Navy Medicine's capabilities as part of Houston Navy Week, Oct. 23-24.

Rear Adm. William Roberts, commandant, Medical Education and Training Campus, San Antonio, and deputy chief, education and training (M7), U.S. Navy Bureau of Medicine and Surgery, was the top medical officer representing Navy Medicine during the week.

"Our Navy is proud to serve Americans and freedom seeking people world-wide," said Roberts. "Houston Navy Week provides an opportunity to show the American tax payers what their Navy does, how it cares for its men and women who wear the cloth of our nation and opportunities for those who may be interested in joining the Navy."

Of the nearly 330,000 active duty Sailors across the Navy, nearly 40,000 come from Texas. An additional 5,000 Reserve Sailors also hail from the state, and more than 27,000 retired Navy veterans live in Texas, Roberts noted.

During a visit to the Michael E. DeBakey VA Medical Center, Roberts met with leadership and staff to discuss shared initiatives in patient care models, traumatic brain injury treatment, advancements in pharmacy technology, the importance of education and training, and electronic health records.

"We are pleased to have Rear Adm. Roberts come to visit the Michael E. DeBakey VA Medical Center," said Adam Walmus, director, Michael E. DeBakey VA Medical Center. "It was wonderful to learn about Navy Medicine and discuss

"Our Navy is proud to serve Americans and freedom seeking people world-wide."

**-Rear Adm. William Roberts
commandant
Medical Education and Training Campus**



Photo by Mass Communications Specialist 1st Class Chris Laurent

Rear Adm. William Roberts, commandant, Military Education Training Campus visits with the Houston Texans physical training staff. The visit was part of Houston Navy Week, one of 15 Navy Weeks planned across America this year.

the similarities between the Medical Home Port and Patient Aligned Care Team (PACT) models and the importance of the electronic health record. We are so thankful for the great work Navy Medicine is doing on a daily basis for our nation's heroes."

During his presentation, Roberts highlighted Navy Medicine's vast capabilities in expeditionary care, garrison care, research and development, and its key role in the maritime strategy through humanitarian assistance/disaster relief.

"Navy Medicine is absolutely a global force for good," said Roberts. "The humanitarian assistance/disaster relief missions are truly life changing for all of those involved. We work closely with our sister services, non-governmental organizations, and the ministries of health in each country to complete these missions."

Other events during Houston Navy Week included a visit with The Institute for Rehabilitation and Research Memorial Hermann, Memorial Hermann-Texas Medical Center, Baylor College of Medicine, University of Texas at Houston Medical School, National Space Biomedical Research Institute, the Houston Military Affairs Committee, Houston Texans medical staff, and the Helping A Hero gala.

Navy Medicine is a global healthcare network of 63,000 Navy medical personnel around the world who provide high quality health care to more than one million eligible beneficiaries. Navy Medicine personnel deploy with Sailors and Marines worldwide, providing critical mission support aboard ship, in the air, under the sea and on the battlefield.

Houston Navy Week is one of 15 Navy weeks across the country this year. Navy Weeks are designed to show Americans the investment they make in their Navy and increase awareness in cities that do not have a significant Navy presence.



Got News?

If you'd like to submit an article or have an idea for one, contact MEDNEWS at 703-681-9032 or Valerie.Kremer@med.navy.mil

Healthier eating means 'death of the speed-line' at Portsmouth

By Mass Communication Specialist 2nd Class Nikki Smith,
Naval Medical Center Portsmouth Public Affairs

PORTSMOUTH, Va. - Naval Medical Center Portsmouth's galley officially killed its speed-line Oct. 30 as part of a move toward healthier options.

A Halloween-themed "Death of the Speed-Line" celebration Oct. 31 featured samples of the new, healthier options to be offered beginning Nov. 5.

The new speed-line will feature foods that promote health and healthy eating for staff and the medical center's patients. The changes in the galley were spearheaded by Cmdr. Paul Allen, department head of the Nutritional Management Department and registered dietician, who wanted to offer healthier food in the galley after reporting to NMCP in August.

"This is for the overall health of our nation," Allen said. "We know from research that processed and refined foods, foods that are high in saturated fats, are things that cause disease. We don't want to [create] our own patients here at the hospital by using a high-fat speed-line. This hospital is a place for healing and a place for disease prevention. Our mission is to provide top-quality healthcare, and part of that is providing healthy food. My drive is the health of the nation, and our nation starts with us."

Allen drew on his 20 years as a dietician and worked with the culinary specialists (CSs) and dieticians in the medical center to develop a healthful and delicious five-day menu.

"We wanted to incorporate foods that we know facilitate better health like beans, seafood, olives and lots of vegetables," Allen said. "I'm glad that I was able to give my culinary specialists an opportunity to be creative while helping everyone to become



Photo by Mass Communication Specialist 2nd Class Nikki Smith

During the "Death to the Speed Line" event in Naval Medical Center Portsmouth's galley, labels from the old menu items are displayed on R.I.P. headstones, with new menu items listed for galley patrons to see what they have to look forward to.

healthier at the same time."

The hospital staff said goodbye to nachos with processed nacho cheese sauce and hotdogs with French fries and onion rings, and said hello to a potato bar with white and sweet potatoes, turkey burgers, an olive and Gyro bar, and pasta bar with whole wheat pasta and shrimp sautéed in olive oil.

For the celebration, the speed-line was decked out with Halloween decorations, with the labels from each of the old menu items mounted on rest-in-peace headstones. One of the

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Pain Management Program enhances patient care

By Navy Comprehensive Pain Management Program Strategic Support Team

ARLINGTON, Va. - The Navy Comprehensive Pain Management Program (NCPMP) integrated telemedicine services into its portfolio of pain management capabilities last month. The NCPMP seeks to restore function and relieve pain for active duty service members, retirees and dependents with high-risk acute and chronic pain.

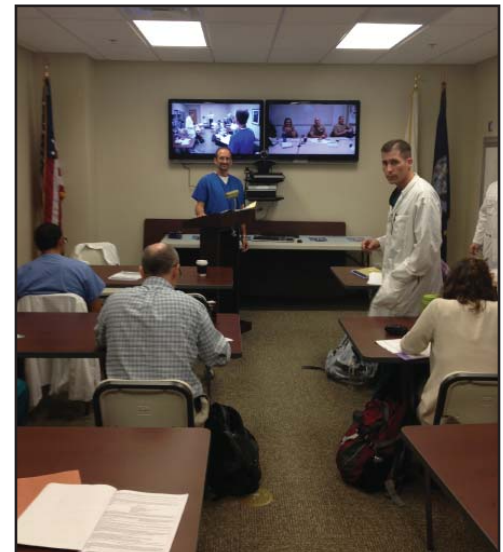
The Tele-Pain initiative will enhance care through superior access to tiered integrative pain services across the clinical care spectrum. Collectively, these programs aim to correct critical shortfalls in access to pain management best practices throughout Navy Medicine and align the pain medicine communities' efforts with the Navy Surgeon General's goals of ensuring readiness of our warfighters, and providing value while maintaining the highest standards of pain management for our force and their dependents.

The foundation of the Tele-Pain initiative is a monthly video teleconference (VTC) combining continuing medical

education and case presentations for interdisciplinary teleconsultation. The Tele-Pain educational curriculum was designed in partnership with the University of New Mexico and was initiated across Navy Medicine in April 2012. This monthly VTC allows providers and other medical staff an opportunity to discuss their pain cases with the Tele-Pain Team at Walter Reed National Military Medical Center, which includes pain management physicians, physical therapists, pharmacists, and behaviorists. There are currently 28 Navy, Army and Air Force MTFs and clinics participating with East, West, Europe, and Asia Time zone offerings.

"The lecture series has been helpful just to get more information out to our providers and other clinical staff on a regular basis," said Dr. Karen Muchowski, a family medicine physician at Naval Hospital Camp Pendleton. "In primary care we deal with chronic pain frequently, so always nice to have more data, but interestingly enough, I am seeing non-primary care providers showing up as well."

Direct patient-to-pain specialist VTCs are a new and growing component of the



Courtesy photo

Clinical providers participate in monthly video and audio conference at Walter Reed National Military Medical Center where they discuss their pain cases with the Tele-Pain team.

Tele-Pain initiative. Patients are saving time on travel to receive continued services from pain specialists.

"Here at Carlisle Barracks in Penn-

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Bremerton SARP program provides preventive care to those in need

By Douglas H Stutz, Naval Hospital Bremerton Public Affairs

BREMERTON, Wash. - Naval Hospital Bremerton's Substance Abuse Rehabilitation Program (SARP) is following Navy Medicine's core vision of patient-centered health care by preserving health and maintaining readiness with a new Outpatient Program workshop than began on Oct. 29.

According to Operations Specialist Senior Chief Nick Desoto, NHB SARP counselor, NHB's SARP is enhancing the focus on how service members and their dependents may use and abuse alcohol. The Outpatient Program services will offer assistance in making better, healthier choices for dealing with stressors other than alcohol to active duty, family and retirees who are primarily 18 years and older.

"Our goal is to work with those who don't meet the criteria for higher level of care but will if they continue on in their current way of using alcohol. Our focus is to be preventive in the future, and currently acknowledge any abuse. We want to save families, save Sailors and catch them before they fall," said Desoto, adding that NHB SARP follows American Society of Addiction Medicine guidelines in providing various levels of treatment, care and continual care.

SARP will combine rehabilitation and counseling services, along with substance abuse prevention education. The two-week program with intensive workshops and one-on-one counseling is designed to support the military community with education and support to foster leadership and readiness.

"This is really a pre-cautionary measure to avoid dependency and help our service-members be successful in dealing with alcohol," Desoto said.

Desoto notes that the Outpatient Program will concentrate on binge drinking and other unsuitable or counterproductive behavior that may lead to alcohol dependence. "The ability to assess individuals before becoming dependence will help overall combat readiness by providing proper education and coping skills necessary to find other outlets besides alcohol and drug abuse," he said.

The Outpatient Program curriculum will be lecture-focused augmented by individual counseling. The workshop is in a group therapeutic environment augmented with one-on-one counseling sessions.

Topics range from stress management to the attitude and



Photo by Doug Stutz

Senior Chief Operations Specialist Nick Desoto, Naval Hospital Bremerton SARP counselor explains how the time-line teaching tool is used in the newly launched Outpatient Program to chronologically concentrate how alcohol has been impactful in personal growth in the past and how they can make healthier choices in the future without it.

beliefs of alcohol. The program also integrates information on nutrition, physical readiness, hygiene, and includes referral agents for PTSD, Tobacco Cessation and mental health issues.

"We know that not everyone who drinks has a drinking problem. The challenge of talking to a young Sailor or Marine about a possible drinking problem is that there are some 20-24 year old college counterparts who binge drink, weekend party, and that behavior for the most part is accepted in our culture," explained Desoto.

NHB's SARP has continued with the Navy's de-glamorization campaign on alcohol and the new Outpatient Program is hoped to continue with that process.

"Focusing on abstinence and responsible use of alcohol are ways (we're doing this). Education is key to the arresting of the disease," said Desoto.

The mission of NHB's SARP is to offer help and hope with counseling and rehabilitation programs to individuals and their family members affected by alcoholism.

PORTSMOUTH

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culinary specialists dressed as the Grim Reaper to "kill" the old menus.

NMCP personnel were invited to the celebration and were offered samples of four of the new speed-line foods. The galley's culinary specialists were excited to be debuting the new food and handed out samples of whole wheat pasta with white clam sauce, grilled tilapia, white crab chili and pumpkin soup. The samples received a lot of attention, with many people chatting about the new food while enjoying their dishes.

"The new food is really good," said

Chelsea Goodsell, a dietetic intern in the Clinical Nutrition Department. "I think it is really exciting that we are encouraging our Sailors to be healthy, and now we are providing the healthy options they need to do so."

The planning and cooking of the new menu items are augmented by Allen's plan to give the culinary skills of the CSs a boost, including sending them to the Culinary Institute of Virginia in Norfolk, Va. Currently, two of NMCP's CSs are taking classes there. The goal is to provide not just healthy foods, but good-tasting healthy foods.

The new direction of the galley's menus echoes the Navy and Marine Corps Public Health Center's "Live Well"

campaign, which began in September. The initiative encourages being mentally and physically fit to contribute to the readiness of our forces, and eating smaller portions and healthier food helps forces become healthy, more productive and make meaningful contributions to their communities.

"There are messages we send as a nation and as a military, and our menus need to match those messages," said Allen. "As a dietician, I'm telling people to watch out for fried foods and burgers. I don't want them to be able to come down to the galley and run and get the foods I'm telling them to stay away from. I'm not taking away choices; I'm introducing new, healthier choices."

NMETC commander visits Navy's Expeditionary Medicine Training site

From Navy Medicine Education and Training Command Public Affairs

CAMP PENDLETON, Calif. - The commander of the Navy Medicine Education and Training Command (NMETC), visited the Naval Expeditionary Medicine Training Institute (NEMTI) Oct. 31 as part of a tour of Navy Medicine's West Coast training sites.

NMETC Commander Capt. Gail Hathaway, along with NMETC Command Master Chief (SW/FMF/AW) Rusty Perry and Navy Medicine Operational Training Center (NMOTC) Commanding Officer Capt. James Norton, toured NEMTI during their daylong visit.

NEMTI is designed to provide expeditionary medical training in an operational environment.

Hathaway, an aviation physiologist, said her first visit to the Camp Pendleton facility as NMETC commander provided insight into how individuals train in preparation for a deployment.

"Our [hospital] corpsmen, doctors, nurses and Medical Service Corps officers are among the finest and best-trained medical professionals in the world," said Hathaway. "Seeing the facility that prepares them to work as a team anywhere around the world, to maintain the readiness for which Navy Medicine is known, is something I feel is important."

NEMTI, a component of NMOTC and NMETC, is located aboard Marine Corps Base Camp Pendleton, the major west coast base of the Marine Corps and offers several training programs, including pre-deployment training for service members deploying to Role II and Role III assignments in support of overseas contingency operations.

Hathaway said the facility is a shining example of how Navy Medicine maintains unparalleled readiness in support of joint warfighters from all branches of the

PROGRAM

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sylvania, the Tele-Pain clinic has increased access to care," said Maj. (Ret.) Paul Ciechoski. "Patients needing pain management services typically wait 2 to 3 months to be seen in Army Medicine's traditional network. The wait for Tele-Pain is only one to two weeks."

Nurse manager Karen Williams at Naval Hospital Camp Lejeune believes that Tele-Pain providers have improved access to care issues when deployment reduced the hospital to only one pain provider, down from three.

"Patients have been very happy with the care provided through VTC," said Williams. "I haven't heard any complaints from patients that they are not seeing the specialist face-to-face."



Photo by Bruce Cummins

Capt. James Norton, commanding officer of Navy Medicine Operational Training Center (NMOTC), addresses nearly 100 independent duty corpsmen students during an open forum discussion at the Surface Warfare Medical Institute (SWMI), Oct. 30. Norton visited SWMI as part of a tour of the West Coast commands which fall under the NMOTC area of responsibility.

U.S. Armed Forces.

"Everyone training here is prepared to work with our sister service members from the Army and Air Force, providing care to the Marine Corps and other military personnel from all services engaged in operations around the world," said Hathaway. "What they learn here directly impacts military readiness. It enables them to fold seamlessly into other organizations, setting the bar for medical operational training in the military."

During the visit, Hathaway, Norton, Perry and NMOTC Command Master Chief (SW/AW) Joe Coddington met with Naval Hospital Jacksonville Sailors participating in a two-week Expeditionary Medical Facility (EMF) Tiered Readiness Course, an effort designed to instruct the assembly and disassembly of

an EMF as well as provide medical, administrative and tactical topics required to meet EMF program requirements.

Norton, who as NMOTC commanding officer, oversees training requirements within the NMOTC area of operations and reports these to NMETC. He said the course they observed epitomizes the BUMED vision of providing a value-driven training effort to service members who will ultimately play an integral role at medical facilities around the world.

"NEMTI training is a unique experience for our medical professionals," said Norton. "Here they are able to train as they fight, to prepare for any eventuality they might face in an expeditionary medical environment. They are preparing for what Navy Medicine does best - save lives."

The NCPMP is focusing on supporting the Tele-Pain initiative expansion to remote areas where pain management specialists are non-existent or unavailable due to deployment.

Additional Tele-Pain offerings include a pain advice line for providers and other medical staff to receive real-time feedback on pain patients and a provider-to-pain management specialist VTC capability. The Tele-Pain initiative is providing support to the Army e-consult program for deployed providers as well. Tri-service partnerships developed through the NCPMP will help the Tele-Pain initiative continue to expand offerings and services with military treatment facilities worldwide. The initiative will bring specialty care to even more service men and women and their dependents.

Navy researcher receives Gates Foundation grant

From Naval Medical Research Center Public Affairs

SILVER SPRING, Md. - The Naval Medical Research Center (NMRC) announced one of its researchers was awarded a major grant from the Bill and Melinda Gates foundation, Nov. 5.

Lt. Robert Gerbasi received a \$100,000 grant with a potential follow-on grant of up to \$1 million for his project that focuses on targeting the liver stage of malaria as a major component for a possible vaccine for deployed warfighters.

"A military conflict or humanitarian crisis can arise in a malaria endemic area of the world at any time," said Gerbasi. "If our warfighters are not protected from malaria they will be out of the fight pretty fast. We want to fight our adversary, not malaria and our adversary. I hope that over the long-term this research identifies a new class of vaccine targets that can be used to protect service members and people who live in malaria endemic areas of the world."

The U.S. Military Malaria Vaccine Program (USMMVP) has aggressively pursued vaccine approaches to protect the warfighter from malaria. The Navy side of the USMMVP focuses on developing a vaccine that employs cell-mediated immunity by manipulating a specific cell type, the CD8T cell, to find and kill liver stage parasites.

Infected mosquitoes inject malaria parasites when they bite an individual. The parasites travel to the liver, invade liver cells, multiple, develop into thousands of parasites which burst out of the liver cells and into the blood stream and infect red blood cells. During the liver stage, malaria presents pieces of itself, in the form of short peptides, on the surface of the liver cells.

"Our goal is to identify small pieces of malaria peptides," said Gerbasi. "Those peptides would serve as excellent vaccine candidates to train an individual's immune system to recognize and kill infected liver cells."

During the first six months of the



Courtesy photo

Lt. Robert Gerbasi was awarded a \$100,000 grant from the Bill and Melinda Gates foundation, Nov. 5, for his malaria vaccine research.

project, Gerbasi and his team will work to identify thousands of peptides on the surface of infected liver cells. In the second phase of the project, they will identify the peptides that are immunogenic. In the final phase, Gerbasi will prepared the findings for presentation and publication.

"If things go well with the first Grand Challenges project I will be placed on a short list of investigators eligible for a second Grand Challenges award worth \$1 million," said Gerbasi. "I was pretty excited to have this proposal selected. The NMRC research program has an outstanding team of entomologists, microbiologists, biochemists and molecular biologists all working toward the goal of a vaccine, I am proud to be a member of the team."

The primary objective of the Navy malaria program is to develop a vaccine that kills the parasite during its first few days of development in the liver, before it

breaks out into the blood. If this approach is successful, it will prevent the clinical manifestation of malaria, which occurs only in conjunction with blood stage infection and not with the liver stage. Such a vaccine would benefit deployed military personnel as well as travelers and other populations. At the same time, the program is investigating vaccines that would target blood stage infection to limit the severity of symptoms associated with this stage. Both liver and blood stage vaccines, if deployed in endemic areas, could alleviate much of the suffering caused by this parasite in tropical countries.

NMRC is a global biomedical research enterprise that conducts basic and applied research in infectious diseases, biological defense, combat casualty care, military operational and expeditionary medicine, bone marrow injury, and diving and environment medicine.



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Diverse backgrounds yet a common goal in trauma team

By Cmdr. Mark Lenert and Lt. Cmdr. Ian Valerio, Role 3 Multinational Medical Unit, Kandahar, Afghanistan

The pager goes off. It is a Trauma "A" alert, "IED blast casualty with multiple wounds"... another reminder of being in a warzone, and part of the daily life of the medical care team at the Role 3 Multinational Medical Unit in Kandahar, Afghanistan.

The staff wonder if it is a U.S. or coalition member? An Afghan National Army or policeman? An Afghan local? What are the injuries?

The medical team, composed of an anesthesiologist, emergency room physician, a general surgeon, a trauma surgeon, two nurses, and two corpsmen, rushes to the ER to prepare and receive the casualty. Other medical personnel stand behind the "red line," immediately available if their skills or assistance are needed.

The patient has been medevac'd to the flight line, was quickly transferred by ambulance from the airfield to the ambulance bay, and then moved from the rickshaw to the trauma bay bed for evaluation. Then, a rapid and thorough evaluation of immediate life-threatening injuries occurs. This is a Trauma "A" patient, a coalition service member suffering an improvised explosive device blast with bilateral lower extremity trauma including soft tissue and bony injuries... the field tourniquets are in place and functional. The left arm has devastating soft tissue and bony wounds with active bleeding.

A corpsman quickly reinforces and secures the arm tourniquet, effectively controlling the bleeding. The ER physician orders that pain medicine be given intravenously, as the orthopedic surgeons assess the patient for possible surgery.

Simultaneously, a nurse records the patient's vital signs. A general surgeon shouts "right subclavian cordis central line in. Start the Belmont Rapid Infuser."

Other members of the team draw blood for laboratory tests and for type and cross matching of blood. The radiologist quickly performs an abdominal ultrasound. "FAST negative," he shouts.



Photo by Lt. Cmdr. Ian Valerio

The trauma team at Role 3 Multinational Medical Unit in Kandahar, Afghanistan performs life-saving work on a patient.

The X-ray technician soon acquires films of the chest, abdomen, legs, and left arm. In rapid succession the patient is then sedated, intubated, and made ready for immediate transfer to the CT scan prior to transitioning to the operating room. Multiple bowel injuries are noted on the scan.

After CT scan and rapid evaluation by the complete trauma team, the patient is taken to the OR, where up to eight multidisciplinary staff surgeons await. The neurosurgeon and the Oral Maxillo Facial (OMFS) surgeon work together on the scalp injuries. Two general surgeons perform an exploratory laparotomy to investigate the bowel injuries noted on CT. Because of the blast injuries to the extremities, five orthopedic surgeons and a plastic surgeon work on each of the patient's limb injuries. The resuscitation associated with such massive injuries requires two anesthesiologists, an anesthetic nurse, and an ICU nurse dedicated to operation of the Belmont rapid infuser. All of these specialists work fluidly and simultaneously to ensure the best care for the patient. Attention to detail in addressing all the wounded warrior's injuries and stabilizing the patient is of utmost con-

cern. This initial point of care is the start of the patient's road to recovery, and may be the most important in the survival for this combat casualty patient.

The above scenario highlights the professionals involved in the Role 3 Multinational Medical Unit in Kandahar, Afghanistan, currently being overseen by the U.S. Navy Medical Corps. The various actors and actresses in this drama hail from at least three different NATO nations, and represent the Army, Navy, and Air Force. Among the U.S. personnel alone, at least seven different hospitals are represented. Each of the staff work simultaneously to save this soldier's life, and to ensure his highest quality of life following recovery.

The operating room time is not prolonged, however. Most casualties are in and out of the OR in less than two hours. Subsequently, they recover in the Intensive Care Unit, where they await the Air Force's CCATT (Critical Care Air Transport Team) personnel to transport them to Bagram and then on to Landstuhl for further definitive care. Ultimately, this patient will be flown to the U.S. to a Level V facility so that further surgery can be performed, when needed, and recovery and family reunion can occur.

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